



## DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

The American Diabetes Association guidelines for 2020, recommend metformin as the preferred initial treatment for type 2 diabetes (T2DM) along with weight management and physical activity. In patients who have established ASVD or at high risk, CKD, or HF, a SGLT2i or GLP-1 receptor with proven efficacy is recommended independent of A1C.

- **ASCVD** dominates:
  - GLP-1RA with proven CVD benefit (dulaglutide, liraglutide, injectable semaglutide) **OR**
  - SGLT2i with proven CVD benefit (canagliflozin, empagliflozin) if adequate eGFR
- **HF** or **CKD** dominates:
  - SGLT2i with evidence of reducing HF and/or CKD progression (empagliflozin, canagliflozin, dapagliflozin) if adequate eGFR **OR**
  - If SGLT2i intolerant/contraindicated or eGFR is inadequate, then GLP-1RA with proven CVD benefit

In individuals without established cardiovascular disease, pharmacological treatment should be patient-centered taking into account side-effects, cost, impact on weight, risk of hypoglycemia, and other patient preferences. For more detailed information regarding ADA recommendations for pharmacological agents to treat T2DM click [here](#).

The following chart is a list of oral and injectable diabetes medications listed by class with their respective A1C reduction and insurance coverage and/or coverage requirements for BCBS, HPHC, Tufts, TMP, and MassHealth.

Medications	BCBSMA	HPHC	Tufts	Tufts Medicare Preferred	MassHealth
<b>Biguanides</b> A1C reduction: 1-1.5%					
metformin	<i>Tier 1</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucophage</b> (metformin)	<i>NC</i>	<i>NC</i>	<i>NC;Tier 3</i>	<i>NC</i>	<i>PA</i>
metformin ER	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Gluophage XR</b> (metformin extended release)	<i>NC</i>	<i>NC</i>	<i>NC;Tier 3</i>	<i>NC</i>	<i>PA</i>
metformin solution	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Riomet</b> solution	<i>Tier 2;3;4</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>PA ≥ 13 years (Brand preferred)</i>
<b>Riomet ER</b> solution	<i>Tier 2;3;4</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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metformin extended release (modified)	<i>NC</i>	<i>NC</i>	<i>PA</i> <i>(Tier 2;3 once approved)</i>	<i>NC</i>	<i>PA</i>
<b>Glumetza</b> (metformin, modified release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
metformin extended release (osmotic)	<i>NC</i>	<i>Tier 1;2</i>	<i>PA</i> <i>(Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
<b>Fortamet</b> (metformin, osmotic release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Sodium-glucose co-transporter 2 Inhibitors (SGLT2)</b> A1C reduction: 0.5-1%					
<b>Jardiance</b> (empagliflozin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Invokana</b> (canagliflozin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Farxiga</b> (dapagliflozin)	<i>NC</i>	<i>Tier 3;4</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Steglatro</b> (ertugliflozin)*	<i>NC</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Glucagon-like Peptide-1 (GLP-1) Receptor Agonists**</b> A1C reduction: 1-1.5%					
<b>Trulicity</b> (dulaglutide)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i> <i>(Brand Preferred)</i>
<b>Ozempic</b> (semaglutide)	<i>NC</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Rybelsus</b> (oral semaglutide)	<i>NC</i>	<i>NC</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Victoza</b> (liraglutide)	<i>NC</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Bydureon</b> (exenatide extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Bydureon BCise</b>	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>PA</i>
<b>Byetta</b> (exenatide)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 4</i>	<i>Covered</i> <i>(Brand preferred)</i>
<b>Adlyxin</b> (lixisenatide)	<i>NC</i>	<b>Premium Formulary:</b> <i>Tier 3;4 (ST)</i> <b>Value Formulary:</b> <i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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<b>Long-acting Insulin/Glucagon-like Peptide-1 (GLP-1) Receptor Agonists</b> A1C reduction: 0.5-1% versus insulin alone					
<b>Xultophy</b> (insulin degludec/liraglutide)	<i>NC</i>	<i>PA</i> <i>(Tier 3;4 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Soliqua</b> (insulin glargine/lixisenatide)	<i>NC</i>	<b>Premium Formulary:</b> <i>PA</i> <i>(Tier 3;4 once approved)</i> <b>Value Formulary:</b> <i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> A1C reduction: 0.5-1%					
<b>Januvia</b> (sitagliptin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Tradjenta</b> (linagliptin)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
alogliptin	<i>NC</i>	<b>Premium Formulary:</b> <i>NC</i> <b>Value Formulary:</b> <i>Tier 3;4;5 (ST)</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
<b>Nesina</b> (alogliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Onglyza</b> (saxagliptin)	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Sulfonylureas</b> A1C reduction: 1-1.5%					
glimepiride	<i>Tier 1</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Amaryl</b> (glimepiride)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glipizide	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucotrol</b> (glipizide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glipizide ER/XL extended release	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucotrol XL</b> (glipizide extended release)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glyburide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA</i> <i>(Tier 2 once approved)</i>	<i>Covered</i>



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glyburide micronized tablets	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	PA <i>(Tier 1 once approved)</i>	<i>Covered</i>
<b>Glynase Prestab</b> (glyburide micronized tablets)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Meglitinides</b> A1C reduction: 0.5-1%					
repaglinide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
nateglinide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Starlix</b> (nateglinide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Thiazolidinediones</b> A1C reduction: 1-1.5%					
pioglitazone	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Actos</b> (pioglitazone)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Avandia</b> (rosiglitazone)	<i>Tier 2;3;4; (ST)</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Alpha-Glucosidase Inhibitors</b> A1C reduction: 0.5-1%					
acarbose	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Precose</b> (acarbose)	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
miglitol	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Glyset</b> (miglitol)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Miscellaneous</b> A1C reduction: 0.5%					
<b>Cycloset</b> (bromocriptine)	<i>Tier 2;3;4</i>	<i>Tier 3;4</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
colesevelam	<i>Tier 1;2</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>



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Welchol (colesevelam)	NC	NC	NC	NC	<i>Covered (Brand preferred)</i>
SymlinPen (pramlintide)	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 3</i>	<i>Covered</i>
Combination Products					
metformin/glipizide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
metformin/glyburide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA (Tier 2 once approved)</i>	<i>Covered</i>
metformin/repaglinide	<i>Tier 1;2</i>	NC	<i>Tier 1</i>	NC	PA
pioglitazone/metformin	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Actoplus Met</b> (pioglitazone/metformin)	NC	NC	<i>Tier 3</i>	NC	PA
<b>Actoplus Met XR</b> (pioglitazone/metformin extended release)	NC	NC	<i>Tier 3</i>	NC	<i>Covered</i>
alogliptin/metformin	NC	NC	<i>Tier 1</i>	NC	PA
<b>Kazano</b> (alogliptin/metformin)	NC	NC	NC	NC	PA
<b>Janumet</b> (sitagliptin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Janumet XR</b> (sitagliptin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Jentadueto</b> (linagliptin/metformin)	NC	<i>Tier 2;3</i>	NC	<i>Tier 3</i>	<i>Covered</i>
<b>Jentadueto XR</b> (linagliptin/metformin extended release)	NC	<i>Tier 2;3</i>	NC	<i>Tier 3</i>	PA
<b>Kombiglyze XR</b> (saxagliptin/metformin extended release)	<i>Tier 2;3 (ST)</i>	NC	NC	NC	<i>Covered</i>
<b>Invokamet</b> (canagliflozin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	NC	NC	<i>Covered</i>
<b>Invokamet XR</b> (canagliflozin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	NC	NC	<i>Covered</i>
<b>Xigduo XR</b> (dapagliflozin/metformin extended release)	NC	<i>Tier 3;4</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Synjardy</b> (empagliflozin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Synjardy XR</b> (empagliflozin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Segluromet</b> (ertugliflozin/metformin)	NC	<i>Tier 3;4</i>	NC	NC	PA



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pioglitazone/glimepiride	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>PA</i>
<b>Duetact</b> (pioglitazone/glimepiride)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
alogliptin/pioglitazone	<i>NC</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
<b>Oseni</b> (alogliptin/pioglitazone)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Qtern</b> (dapagliflozin/saxagliptin)	<i>NC</i>	<b>Premium Formulary:</b> <i>Tier 3;4</i> <b>Value Formulary:</b> <i>Tier 3;4;5</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Glyxambi</b> (empagliflozin/linagliptin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Steglujan</b> (ertugliflozin/sitagliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Trijardy XR</b> (empagliflozin/linagliptin/metformin)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>

NC = not covered  
 PA = prior authorization  
 ST = step therapy required  
 (-) = no information provided

\* There are no completed clinical trials conducted on cardiovascular or renal outcomes  
 \*\* Weight loss potency: semaglutide>liraglutide>dulaglutide>exenatide>lixisenatide

### REFERENCES:

Tier coverage based on the following:

- BCBS: <https://home.bluecrossma.com/medication/med-search>
- HPHC: [https://www.harvardpilgrim.org/portal/page?\\_pageid=253,13048065&\\_dad=portal&\\_schema=PORTAL](https://www.harvardpilgrim.org/portal/page?_pageid=253,13048065&_dad=portal&_schema=PORTAL) NOTE: HPHC has 2 formularies (Premium and Value) with different tier plans
- Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>
- TMP: <https://www.tuftsmedicarepreferred.org/drug-coverage>
- MassHealth: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpdfcurrent.do?id=45>

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